



# MINNESOTA LAWYERS MUTUAL

INSURANCE COMPANY

Please review the following Firm information, make changes where applicable - then complete the form as requested. Please return this with your completed Request to Issue Form and a check.

## Firm Information Verification

### FIRM INFORMATION

Endt #1: Delete Hunter; Eff 06/06/08; RG1; \$1364x.104=\$142 RP; CW OK to pay; 07/22/08 LN

1. Contact Person: Mr Jonathan Shurberg  
 Firm Name: Jonathan S. Shurberg, P.C.  
 Primary Office Address: 1317 Apple Avenue  
 City, State, Zip: Silver Spring, MD 20910  
 Telephone Number: 301-585-0707 Fax Number: 301-608-9018  
 Firm E-Mail: jsmdlawyer@verizon.net

Policy Number Quote#18908-5

Renewal Date 7/15/2008

### 2a. Current Schedule of Lawyers

Attorney Name	Attorney Status	No Change	Change needed
Hunter, Mary	Associate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shurberg, Jonathan	Owner	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*Please check the applicable box below:

☒ the attorney listed above is to be deleted effective 06/06/2008 (also check box 3.b. below); or

☐ the information needs to be updated, please explain and check box 3.b. below. \_\_\_\_\_

b. ☐ An attorney needs to be added to the above list. For each new attorney please complete the following Adding Attorney Form by printing it, having it signed and return it to Minnesota Lawyers Mutual Insurance Company. Also check box 3.b. below.

### 3. Please select one of the following two options:

The undersigned certifies that there have been no changes to the above stated Firm Name or Schedule of Lawyers information. The above information was contained in the previously submitted application(s) or additional correspondence. **The undersigned further certifies that there have been no other significant changes to the previously submitted application information and is not aware of any claims or circumstances that could reasonably result in claims or disciplinary actions that have not been reported to Minnesota Lawyers Mutual.**

a. ☐ There have been changes to the Firm Name, Schedule of Lawyers or significant changes to the previously submitted application information or the firm is aware of a claim(s) or circumstances that could reasonably result in claims or disciplinary actions that have not been reported to Minnesota Lawyers Mutual. The undersigned will provide immediate written notification on this form or on an attachment describing the changes, claims, potential claims and disciplinary actions to Minnesota Lawyers Mutual **before accepting the quotation.**

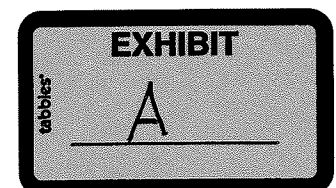
Explanation of required changes: Change made to Attorney: Hunter, Mary

4. Does the applicant firm or any lawyer have any equity interest in a title agency? ☐ Yes ☒ No

FVF MLM-88 Net (7-06)

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Minnesota Lawyers Mutual Insurance Company  
 333 S. 7th St, Suite 2200; Minneapolis, MN 55402  
 1-800-422-1370 phone 1-800-305-1510 fax



5. a. Please provide an estimated percentage of the firm's TIME (not income) that will be spent this year in the practice areas listed below. Please round each area of practice to the nearest whole percent. (The total must equal 100%.)

	Old	New		Old	New		Old	New
<b>Arbitration/Mediation</b>	0%	%	<b>Estate Planning/Wills/Probate</b>	0%	%	<b>Real Estate</b>		
<b>Bankruptcy</b>	0%	%	<b>Immigration</b>	0%	%	Commercial	0%	%
<b>Collections</b>			<b>Insurance Defense</b>	0%	%	Residential (1-4 units)	0%	%
Representation of Creditors	0%	%	<b>Intellectual Property:</b>			<b>Securities/Bonds</b>	0%	%
Representation of Debtors	0%	%	Patent	0%	%	<b>Other (describe)</b>	0%	
<b>Corporate/General Business</b> (not otherwise specified)	0%	%	IP Litigation	0%	%	<b>Election Law</b>	0%	10%
<b>Criminal Defense</b>	30%	20%	Copyright or Trademark	0%	%		0%	%
<b>Domestic/Family Law</b>			Licensing/Trade Secrets	0%	%		0%	%
			<b>Plaintiff:</b>				0%	%
Collaborative Domestic Law	0%	%	Personal Injury	40%	35%		0%	%
Traditional Domestic Law	30%	35%	FELA	0%	%			
<b>Entertainment/Sports</b>	0%	%	Employment Law	0%	%			
<b>Environmental</b>	0%	%	Workers Compensation	0%	%			
			Social Security Disability	0%	%	<b>Total (must equal 100%)</b>		100%

- b. In the past 36 months has the applicant firm, or any attorney proposed for this insurance, engaged in any mass tort or class action cases? Do not include cases in which the only involvement was a referral where no fee was or will be retained, and the applicant firm or the attorney performed no work on that matter. \_\_\_ Yes ☒ No

*Do not include cases which were previously disclosed on a prior application.*

- c. Have you or any attorney proposed for this insurance represented any clients with respect to the sale or issuance of debt or equity securities in the past 36 months which were not previously disclosed on a prior application? \_\_\_ Yes ☒ No

*Do not include isolated transactions involving only insiders or fewer than 4 persons where no notice or filing is required with the SEC or state agency, such as may occur in the organization of a corporation or limited partnership.*

If there is additional information you would like us to consider, please enter it here:

By the act of entering this information and submitting this application, the submitting party is signing this application. The signature below is made by the person indicated, not someone else on their behalf. All rights and responsibilities accorded a physical signature will be considered to hold. The submission of this application does not bind Minnesota Lawyers Mutual (The Company) to issue a policy or the application to purchase the insurance.

By signing this application you agree that we may contact you via telephone, fax, e-mail or other method to discuss your insurance coverage and other products or services offered by Minnesota Lawyers Mutual or any of its affiliates.

I understand that failure to report any known claims or potential claims, or other material information may result in the declination of coverage or policy rescission.

Jonathan Shurberg	Owner	7/17/2008
Signature of Owner Partner or Authorized Officer	Title	Date

If you have any questions about your renewal or if we can be of any service to you, please contact Lisa Carlson, your Account Manager at 800-422-1370, ext. 4368